



OFFICERS

OTHER

DIRECTORS OR TRUSTEES

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? Yes [☒] No [☐]

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	2,215,144		2,215,144	6,195,629
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$			0	0
encumbrances)				
4.2 Properties held for the production of income (less				
\$			0	0
encumbrances)				
4.3 Properties held for sale (less \$			0	0
encumbrances)				
5. Cash (\$102,854, Schedule E - Part 1), cash equivalents				
(\$, Schedule E - Part 2) and short-term				
investments (\$3,099,729, Schedule DA)	3,202,583		3,202,583	3,583,846
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	5,417,727	0	5,417,727	9,779,475
13. Title plants less \$ charged off (for Title insurers				
only)			0	0
14. Investment income due and accrued	46,605		46,605	127,518
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	18,704	18,704	0	6,738
15.2 Deferred premiums, agents' balances and installments booked but				
deferred and not yet due (including \$				
earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	5,828		5,828	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets				
(\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25)	5,488,864	18,704	5,470,160	9,913,731
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts			0	0
28. Total (Lines 26 and 27)	5,488,864	18,704	5,470,160	9,913,731
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ reinsurance ceded)			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued			0	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	34,740
10.2 Net deferred tax liability	168,706		168,706	39,265
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittance and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	50,449		50,449	90,065
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$13,892 current)	13,892	0	13,892	17,450
24. Total liabilities (Lines 1 to 23)	233,047	0	233,047	181,520
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	100	100
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	2,971,401	2,971,401
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	2,265,612	6,760,709
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	5,237,113	9,732,210
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	5,470,160	9,913,730
DETAILS OF WRITE-INS				
2301. Accrued taxes- other	11,244		11,244	14,473
2302. Commission payable	352		352	327
2303. Credit Balances Due Policyholders	2,296		2,296	2,297
2308. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	353
2309. Totals (Lines 2301 thru 2303 plus 2308)(Line 23 above)	13,892	0	13,892	17,450
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX		
2. Net premium income (including \$ non-health premium income)	XXX	411	6,826
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	411	6,826
Hospital and Medical:			
9. Hospital/medical benefits			(46,732)
10. Other professional services		(3,806)	(126)
11. Outside referrals			177
12. Emergency room and out-of-area			(2,014)
13. Prescription drugs			0
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments, and bonus amounts			0
16. Subtotal (Lines 9 to 15)	0	(3,806)	(48,695)
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	(3,806)	(48,695)
19. Non-health claims (net)			0
20. Claims adjustment expenses, including \$0 cost containment expenses		15	(1,596)
21. General administrative expenses		150,500	2,030
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	(60)
23. Total underwriting deductions (Lines 18 through 22).....	0	146,709	(48,321)
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(146,298)	55,147
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		334,468	350,093
26. Net realized capital gains (losses) less capital gains tax of \$3,080		437,531	
27. Net investment gains (losses) (Lines 25 plus 26)	0	771,999	350,093
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	625,701	405,240
31. Federal and foreign income taxes incurred	XXX	(8,522)	34,740
32. Net income (loss) (Lines 30 minus 31)	XXX	634,223	370,500
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	9,732,210	9,365,901
34. Net income or (loss) from Line 32	634,223	370,500
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(129,441)	(7,769)
39. Change in nonadmitted assets	120	3,578
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(5,000,000)	
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(4,495,098)	366,309
49. Capital and surplus end of reporting period (Line 33 plus 48)	5,237,112	9,732,210
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	7,149	3,624
2. Net investment income	405,141	335,129
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	412,290	338,753
5. Benefit and loss related payments	(3,806)	(32,923)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	150,489	2,674
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	32,046	64,138
10. Total (Lines 5 through 9)	178,729	33,889
11. Net cash from operations (Line 4 minus Line 10)	233,561	304,864
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	5,883,108	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	5,883,108	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	1,454,853	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,454,853	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	4,428,255	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	5,000,000	0
16.6 Other cash provided (applied)	(43,078)	121,938
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(5,043,078)	121,938
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(381,262)	426,802
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	3,583,845	3,157,043
19.2 End of year (Line 18 plus Line 19.1)	3,202,583	3,583,845

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA Healthcare of Maine, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	411	411	0	0	0	0	0	0	0	
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	411	411	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	0									XXX
9. Other professional services	(3,806)	(3,806)	0	0	0	0	0	0	0	XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	0									XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	(3,806)	(3,806)	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	(3,806)	(3,806)	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$0 cost containment expenses	15	15	0	0	0	0	0	0	0	
20. General administrative expenses	150,499	150,499	0	0	0	0	0	0	0	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	146,708	146,708	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(146,297)	(146,297)	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS	0									XXX
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	411	0	0	411
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	411	0	0	411
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	411	0	0	411

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	(3,806)	(3,806)	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	(3,806)	(3,806)	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	(3,806)	(3,806)	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	(3,806)	(3,806)	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Incurred but Unreported:										
2.1 Direct										
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net										
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	(1,922)	(1,884)	0	0	(1,922)	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	(1,922)	(1,884)	0	0	(1,922)	0
10. Healthcare receivables (a)	0	0	0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12)	(1,922)	(1,884)	0	0	(1,922)	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	1,086	1,020	1,020	1,020	1,020
2.	2008	8,211	8,629	8,643	8,643	8,643
3.	2009	XXX	2,002	2,204	2,203	2,203
4.	2010	XXX	XXX	293	261	259
5.	2011	XXX	XXX	XXX	5	6
6.	2012	XXX	XXX	XXX	XXX	(2)

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	1,239	1,020	1,020	1,020	1,020
2.	2008	8,850	8,631	8,643	8,643	8,643
3.	2009	XXX	2,199	2,211	2,203	2,203
4.	2010	XXX	XXX	300	261	259
5.	2011	XXX	XXX	XXX	5	6
6.	2012	XXX	XXX	XXX	XXX	(2)

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2008	12,387	8,643	237	2.7	8,880	71.7	0	0	8,880	71.7
2.	2009	3,160	2,203	62	2.8	2,265	71.7	0	0	2,265	71.7
3.	2010	370	259	13	5.0	272	73.6	0	0	272	73.6
4.	2011	7	6	0	0.0	6	87.9	0	0	6	87.9
5.	2012	0	(2)	0	0.0	(2)	0.0	0	0	(2)	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	1,086	1,020	1,020	1,020	1,020
2.	2008	8,211	8,629	8,643	8,643	8,643
3.	2009	XXX	2,002	2,204	2,203	2,203
4.	2010	XXX	XXX	293	261	259
5.	2011	XXX	XXX	XXX	5	6
6.	2012	XXX	XXX	XXX	XXX	(2)

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	1,239	1,020	1,020	1,020	1,020
2.	2008	8,850	8,631	8,643	8,643	8,643
3.	2009	XXX	2,199	2,211	2,203	2,203
4.	2010	XXX	XXX	300	261	259
5.	2011	XXX	XXX	XXX	5	6
6.	2012	XXX	XXX	XXX	XXX	(2)

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2008	12,387	8,643	237	2.7	8,880	71.7	0	0	8,880	71.7
2. 2009	3,160	2,203	62	2.8	2,265	71.7	0	0	2,265	71.7
3. 2010	370	259	13	5.0	272	73.6	0	0	272	73.6
4. 2011	7	6	0	0.0	6	87.9	0	0	6	87.9
5. 2012	0	(2)	0	0.0	(2)	0.0	0	0	(2)	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$) for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)	0				0
2. Salary, wages and other benefits					0
3. Commissions (less \$ ceded plus \$ assumed)	0	0	279	0	279
4. Legal fees and expenses	0	0	299	0	299
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services					0
7. Traveling expenses					0
8. Marketing and advertising					0
9. Postage, express and telephone					0
10. Printing and office supplies					0
11. Occupancy, depreciation and amortization					0
12. Equipment					0
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate					0
17. Collection and bank service charges					0
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	13,861	0	13,861
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees	0	0	125,946	0	125,946
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)	0	0	9,464	0	9,464
24. Investment expenses not included elsewhere	0	0	0	6,985	6,985
25. Aggregate write-ins for expenses	0	15	651	0	666
26. Total expenses incurred (Lines 1 to 25)	0	15	150,500	6,985	(a)157,500
27. Less expenses unpaid December 31, current year					0
28. Add expenses unpaid December 31, prior year					0
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	15	150,500	6,985	157,500
DETAILS OF WRITE-INS					
2501. Other Corporate Expenses	0	0	0	0	0
2502. Other Non-Managed		15	651		666
2503. Claims Handling Reserve					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	15	651	0	666

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a)
1.1	Bonds exempt from U.S. tax	(a)
1.2	Other bonds (unaffiliated)	(a) 419,641	338,728
1.3	Bonds of affiliates	(a)
2.1	Preferred stocks (unaffiliated)	(b)
2.11	Preferred stocks of affiliates	(b)
2.2	Common stocks (unaffiliated)
2.21	Common stocks of affiliates
3.	Mortgage loans	(c)
4.	Real estate	(d)
5	Contract Loans
6	Cash, cash equivalents and short-term investments	(e) 2,785	2,785
7	Derivative instruments	(f)
8.	Other invested assets
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	422,426	341,513
11.	Investment expenses	(g) 6,985
12.	Investment taxes, licenses and fees, excluding federal income taxes	(g) 0
13.	Interest expense	(h) 60
14.	Depreciation on real estate and other invested assets	(i)
15.	Aggregate write-ins for deductions from investment income	0
16.	Total deductions (Lines 11 through 15)	7,045
17.	Net investment income (Line 10 minus Line 16)	334,468
DETAILS OF WRITE-INS			
0901.	Misc Investment Income	0	0
0902.	Misc Investment Income	0	0
0903.
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.
1502.
1503.
1598.	Summary of remaining write-ins for Line 15 from overflow page	0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)	0

- (a) Includes \$ 14,802 accrual of discount less \$ 7,698 amortization of premium and less \$ 7,459 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 2,785 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$. investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	0	0
1.1	Bonds exempt from U.S. tax	0
1.2	Other bonds (unaffiliated)	440,668	0	440,668	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0
4.	Real estate	0	0	0
5.	Contract loans	0
6.	Cash, cash equivalents and short-term investments	(56)	0	(56)	0	0
7.	Derivative instruments	0
8.	Other invested assets	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	440,612	0	440,612	0	0
DETAILS OF WRITE-INS						
0901.
0902.
0903.
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)		0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)		0	0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	18,704	18,705	1
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	0	119	119
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	18,704	18,824	120
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	18,704	18,824	120
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Broker Commissions Receivable		119	119
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	119	119

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....						
7. Total						
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)						

NONE

HEALTH

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1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Cigna HealthCare of Maine, Inc., (the Company), have been prepared in conformity with accounting practices prescribed or permitted by the State of Maine Bureau of Insurance.

The State of Maine Bureau of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Maine for determining and reporting the financial condition and results of operations of a Health Maintenance Organization (HMO), for determining its solvency under the State of Maine Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Maine.

The Bureau of Insurance approved the Company's Plan of Withdrawal indicating the Company's decision to exit the health maintenance organization market in the state of Maine.

Under this Plan, the Company ceased issuing new HMO policies effective January 1, 2010, and will offer existing group customers the opportunity to procure group health insurance coverage through Connecticut General Life Insurance Company (CGLIC), a Cigna Company that utilizes substantially the same network of participating providers in the Maine market. The effective date of the withdrawal is December 31, 2010.

Basis of Presentation: These financial statements have been prepared in conformity with the accounting practices prescribed or permitted by the State of Maine Department of Insurance, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP) and include management's estimates and assumptions, such as those regarding medical costs and interest rates, that affect the recorded amounts. Significant estimates used in determining insurance liabilities are discussed in the Notes to Statutory Financial Statements. These statutory accounting practices disallow certain assets from admission in the Statutory Balance Sheets. These assets, otherwise included on the Company's balance sheets prepared under GAAP, include receivables greater than 90 days past due. Under GAAP, bonds classified as available-for-sale are carried at fair value with the related unrealized appreciation (depreciation) recorded as a component of equity. Under statutory accounting principles, bonds are carried principally at amortized cost. Under GAAP, deferred taxes are recorded for any temporary differences between the tax basis of assets and liabilities to the extent it is more likely than not that the deferred tax assets are realizable, with changes in deferred tax assets and liabilities recorded as a component of net income tax expense. The amount of deferred tax assets that may be admitted is generally limited based on the Realization Threshold Limitation Table in SSAP101. The net change in the deferred tax assets and liabilities is recognized as a separate component of changes in unassigned surplus.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short-term Investments: Investments with a maturity greater than three months but less than one year at the time of purchase are included in short-term investments and are carried at amortized cost.
- (2) Bonds: Effective December 31, 2010, the Company adopted Statement of Statutory Accounting Principles (SSAP) No. 100, Fair Value Measurements. This guidance expands disclosures about fair value measurements and clarifies how to measure fair value by focusing on the price that would be received when selling an asset or paid to transfer a liability (exit price). The Company's financial assets measured at fair value would include bonds valued at the lower of cost or fair value when reported at fair value at the balance sheet date. As of December 31, 2012 and December 31, 2011, the Company had no financial instruments measured at fair value in the financial statements.

Bonds: Bonds are carried at amortized cost, except those in or near default, which are carried at the lower of cost or fair value. Bonds are considered impaired and their cost basis is written down to fair value through realized gains and losses, when management expects a

decline in value to persist (i.e., the decline is other than temporary). The calculation of gain or loss on the sale of bonds is based on specific identification at the time of sale. The Company stops recognizing interest income when interest payments are delinquent or when certain terms (interest rate or maturity date) have been restructured. Net investment income on these investments is only recognized when interest payments are actually received. The Company did not exclude any investment income due and accrued at December 31, 2012 and 2011. The premium or discount on bonds is recognized using the scientific constant yield method.

- (3) Common Stock: None
- (4) Preferred Stocks: None
- (5) Mortgage Loans: None
- (6) Loan-backed Securities: None
- (7) Investment in Subsidiaries, Controlled and Affiliated Companies: None
- (8) Joint Ventures, Partnerships, and Limited Liability Companies: None
- (9) Derivatives: None
- (10) Aggregate Policy Reserves: None
- (11) Unpaid Claims and Unpaid Claims Adjustment Expenses: Unpaid claims and claims adjustment liabilities include estimates of payments to be made under health insurance coverage provided by the Company for reported claims and for losses incurred but not yet reported. Management develops these estimates using actuarial methods based upon historical data for claim payment patterns, cost trends, product mix, seasonality, utilization of health care services and other relevant factors. When estimates change, the Company records the adjustment in medical and hospital expenses in the period the change in estimate occurs. Claims adjustment expenses include a reserve for additional administrative expenses associated with unpaid health claims that are in the process of settlement, as well as those that have been incurred but not yet reported. This reserve is based on the historical relationship between claims handling expenses and incurred claims.
- (12) Capitalization Policy: The Company has not modified its capitalization policy from the prior year.
- (13) Pharmaceutical Rebate Receivables: None

2. Accounting Changes and Corrections of Errors

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Maine. Effective January 1, 2001, the State of Maine required that insurance companies domiciled in the State of Maine prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the State of Maine insurance commissioner.

Accounting changes adopted to conform to the provisions of the NAIC *Accounting Practices and Procedures Manual* are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. No changes were reported for 2012 and 2011.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method
None
- B. Statutory Merger
None
- C. Assumption Reinsurance
None
- D. Impairment Loss

None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
None
- B. Debt Restructuring
None
- C. Reverse Mortgages
None
- D. Loan-Backed Securities
None
- E. Repurchase Agreements and/or Securities Lending Transactions
None
- F. Real Estate
None
- G. Low-Income Housing Tax Credits (LIHTC)
None

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for an investment in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.
- B. No amounts were excluded from the statutory statements

8. Derivative Instruments

None

9. Income Taxes

The Company is a member of a consolidated federal income tax sharing agreement and calculates deferred taxes on a separate company reporting entity basis. The Company's deferred tax assets (DTA) and liabilities (DTL) are determined by identifying its temporary differences. These temporary differences are measured using a "balance sheet" approach by comparing statutory and tax basis balance sheets for the Company.

SSAP 101 became effective from January 1, 2012 and included revised disclosure requirements. Calendar year 2011 data has been presented to follow the SSAP 101 disclosure requirements to allow for better comparison. In presenting the calendar year 2011 information no amounts have been recalculated or changed.

- A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

- 1.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA Healthcare of Maine, Inc.

	December 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTA	6,546	0	6,546	6,588	0	6,588	(42)	0	(42)
(b) Statutory Valuation allowance	0	0	0	0	0	0	0	0	0
(c) Adjusted gross DTA (1a - 1b)	6,546	0	6,546	6,588	0	6,588	(42)	0	(42)
(d) Nonadmitted DTA	0	0	0	0	0	0	0	0	0
(e) Subtotal Net Admitted DTA (1c - 1d)	6,546	0	6,546	6,588	0	6,588	(42)	0	(42)
(f) DTL	(175,252)	0	(175,252)	(45,853)	0	(45,853)	(129,399)	0	(129,399)
(g) Net admitted DTA (1e - 1f)	(168,706)	0	(168,706)	(39,265)	0	(39,265)	(129,441)	0	(129,441)

2.

	December 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c									
(a) Admitted pursuant to ¶11.a. (loss carrybacks)	0	0	0	3,764	0	3,764	(3,764)	0	(3,764)
(b) Admitted pursuant to ¶11.b. (realization)	3,741	0	3,741	0	0	0	3,741	0	3,741
1. Realization per ¶11.b.i.	3,741	0	3,741	0	0	0	3,741	0	3,741
2. Limitation per ¶11.b.ii.	810,873	0	810,873	968,765	0	968,765	(157,892)	0	(157,892)
(c) Admitted pursuant to ¶11.c.	2,805	0	2,805	2,824	0	2,824	(19)	0	(19)
(d) Total admitted adjusted gross deferred tax asset (2a+2b+2c)	6,546	0	6,546	6,588	0	6,588	(42)	0	(42)

3.

Used in ¶11.b.	2012 Percentage	2011 Percentage
(a) Applicable ratio for realization limitation threshold table	1598%	NA

4

	December 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Impact of Tax Planning Strategies (TPS) on adjusted gross DTAs and net admitted DTAs	0	0	0	0	0	0	0	0	0
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0	0	0	0	0	0	0	0	0
(b) Net admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	0	0	0	0	0	0	0	0	0
(c) Do TPS include a reinsurance strategy? Yes or No	No			No					

B. Temporary differences for which a DTL has not been established:

1. All deferred tax liabilities have been properly recognized.

C. Significant components of income taxes incurred

1. Current income taxes incurred consist of the following major components:

	2012	2011
(a) Current federal income tax expenses / (benefit)	(8,522)	34,740
(b) Foreign income tax expense / (benefit)	0	0
(c) Subtotal	(8,522)	34,740
(d) Tax expense / (benefit) on realized capital gains / (losses)	2,694	0
(e) Utilization of capital loss carry-forwards	0	0
(f) Other, including prior year underaccrual (overaccrual)	0	0
Federal and foreign income taxes incurred	(5,828)	34,740

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

2. DTAs Resulting From Book/Tax Differences In

	December 31, 2012	December 31, 2011	Change
Non Admitted Assets	6,546	6,588	(42)
Gross DTA	6,546	6,588	(42)
Statutory Valuation allowance	0	0	0
Nonadmitted DTA	0	0	0
Admitted DTA	6,546	6,588	(42)

3. DTLs Resulting From Book/Tax Differences In

	December 31, 2012	December 31, 2011	Change
Discount of bond premiums/Deferred gain	(175,252)	(45,853)	(129,399)
Gross DTL	(175,252)	(45,853)	(129,399)

4. Net Deferred Tax Assets/Liabilities	(168,706)	(39,265)	(129,441)
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The change in net deferred income taxes is comprised of the following. (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA Healthcare of Maine, Inc.

	Dec. 31, 2012	Dec. 31, 2011	Change
Total deferred tax assets	6,546	6,588	(42)
Total deferred tax liabilities	(175,252)	(45,853)	(129,399)
Net Deferred tax asset/liabilities	(168,706)	(39,265)	(129,441)
Statutory valuation allowance adjustment	0	0	0
Net deferred tax assets/liabilities after SVA	(168,706)	(39,265)	(129,441)
Tax effect of unrealized gains (losses)			0
Statutory valuation allowance adjustment allocated to unrealized			0
Other intraperiod allocation of deferred tax movement			0
Change in net deferred income tax			(129,441)

D. Reconciliation of total statutory income taxes reported to tax at statutory rate:

1. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains / losses. The significant items causing this difference are as follows:

	December 31, 2012	Effective Tax Rate
Provision computed at statutory rate	219,939	35.00%
Tax exempt interest income (net)	(96,368)	-15.34%
Change in nonadmitted assets	42	0.01%
Fines and Penalties	0	0.00%
Total	123,613	19.67%
Federal and foreign income taxes incurred	(5,828)	-0.93%
Change in deferred income taxes	129,441	20.60%
Total statutory income taxes	123,613	19.67%

E. Carry forwards, recoverable taxes, and IRC Sec. 6603 deposits:

(1) At December 31, 2012, the Company has utilized all its net operating or capital loss carry forwards..

(2) Income taxes, ordinary and capital, available for recoupment in the event of future losses include:

2012	-
2011	34,740

(3) Deposits under IRS Code Section 6603 - not applicable

F. Federal or Foreign Income Tax Loss Contingencies

(1) The IRS begins its examination of the Company's 2009 and 2010 consolidated federal income tax returns. The Company does not anticipate any adjustments from these examinations that will result in a materially adverse effect on its statutory balance sheets, statements of income and changes in capital surplus, and statements of cash flow. No material contingent tax liability is included in the Company's current federal income tax payable.

G. Consolidated Federal Income Tax Return

(1) The Company's Federal Income Tax return is consolidated with CIGNA, and the following subsidiaries of CIGNA.

Allegiance Benefit Plan Management Inc
Allegiance Cobra Services Inc
Allegiance Life & Health Insurance Co
Allegiance Re Inc
Arizona Healthplan Inc
Benefit Management Corp
Bravo Health Mid-Atlantic, Inc.
Bravo Health Pennsylvania, Inc.
CG Individual Tax Benefit Payments Inc
CG Life Pension Benefit Payments Inc
CG LINA Pension Benefit Payments Inc
Choicelinx Corporation
CIGNA Arbor Life Insurance Company
CIGNA Behavioral Health Inc
CIGNA Behavioral Health of California Inc
CIGNA Behavioral Health of Texas
CIGNA Benefits Financing, Inc.
CIGNA Dental Health Inc
CIGNA Dental Health of California Inc
CIGNA Dental Health of Colorado Inc
CIGNA Dental Health of Delaware Inc
CIGNA Dental Health of Florida Inc

CIGNA Dental Health of Illinois Inc
 CIGNA Dental Health of Kansas Inc
 CIGNA Dental Health of Kentucky Inc
 CIGNA Dental Health of Maryland Inc
 CIGNA Dental Health of Missouri Inc
 CIGNA Dental Health of New Jersey Inc
 CIGNA Dental Health of North Carolina Inc
 CIGNA Dental Health of Ohio Inc
 CIGNA Dental Health of Pennsylvania Inc
 CIGNA Dental Health of Texas Inc
 CIGNA Dental Health of Virginia Inc
 CIGNA Dental Healthplan of Arizona Inc
 CIGNA Direct Marketing Company Inc.
 CIGNA Federal Benefits Inc
 CIGNA Global Holdings Inc
 CIGNA Global Insurance Company Limited
 CIGNA Global Reinsurance Company LTD
 CIGNA Government Benefits Inc.
 CIGNA Health and Life Insurance Company
 CIGNA Health Corporation
 CIGNA Health Management Inc
 CIGNA Healthcare Benefits Inc
 CIGNA Healthcare Holdings Inc
 CIGNA Healthcare Inc
 CIGNA Healthcare Mid-Atlantic Inc
 CIGNA Healthcare of Arizona Inc
 CIGNA Healthcare of California Inc
 CIGNA Healthcare of Colorado Inc
 CIGNA Healthcare of Connecticut Inc
 CIGNA Healthcare of Florida Inc
 CIGNA Healthcare of Georgia Inc
 CIGNA Healthcare of Illinois Inc
 CIGNA Healthcare of Indiana Inc
 CIGNA Healthcare of Maine Inc
 CIGNA Healthcare of Massachusetts Inc
 CIGNA Healthcare of New Hampshire Inc
 CIGNA Healthcare of New Jersey Inc
 CIGNA Healthcare of New York Inc
 CIGNA Healthcare of North Carolina Inc
 CIGNA Healthcare of Pennsylvania Inc
 CIGNA Healthcare of South Carolina Inc
 CIGNA Healthcare of St Louis Inc
 CIGNA Healthcare of Tennessee Inc
 CIGNA Healthcare of Texas Inc
 CIGNA Healthcare of Utah Inc
 CIGNA Healthcare Pacific Inc
 CIGNA Holdings Inc
 CIGNA Holdings Overseas Inc
 CIGNA Integrated Care Inc
 CIGNA Intellectual Property Inc
 CIGNA International Corporation
 CIGNA International Finance Inc
 CIGNA International Services Inc
 CIGNA Investment Group Inc
 CIGNA Investments Inc
 CIGNA Life Insurance Company of New York
 CIGNA Magnolia Corp
 CIGNA Managed Care Benefits Company
 CIGNA Mezzanine Partners III Inc
 CIGNA RE Corporation
 CIGNA Resource Manager Inc
 CIGNA Worldwide Insurance Company
 Connecticut General Benefit Payments Inc.
 Connecticut General Corporation
 Connecticut General Life Insurance Company
 Cottage Grove Real Estate Inc
 Former CIGNA Investments Inc
 GreatWest Healthcare of Illinois Inc
 Hazard Center Investment Co LLC
 Healthsource Benefits Inc
 Healthsource Inc
 Healthsource Properties Inc
 Healthspring Life & Health Insurance Company
 Healthspring Management, Inc.
 Healthspring of Alabama, Inc.
 Healthspring of Florida, Inc.
 Healthspring of Tennessee, Inc.
 Healthspring, Inc.
 IHN Inc.
 Intermountain Underwriters Inc
 Intracorp, Inc
 Kronos Optimal Health Company
 Life Ins Co of North America

LINA Benefit Payments Inc
Managed Care Consultants Inc
MCC Independent Practice Assoc of New York Inc
Mediversal Inc
Sagamore Health Network Inc
Tel-Drug Inc
Universal Claims Administration

10. Information Concerning Parent, Subsidiaries and Affiliates

A., B.
& C.

The Company paid extra-ordinary cash and in-kind bond transfer dividend of \$34,233 and \$4,965,767 to the Parent with the approval of the State of Maine on December 5, 2012. As this is deemed an economic transaction, in accordance with SSAP 72 and 25, the Company recognized a realized gain of \$440,668.

Cigna Health Corporation (CHC) charged the Company \$0 in administrative service fees and fees for other services for the periods ended December 31, 2012 and 2011. The fees charged are based largely on the Company's plan participants as a percentage of total applicable participants for the Company and its affiliates. The Company also paid \$52 and \$25 in interest charges to CHC for the periods ended December 31, 2012 and 2011.

Cigna Behavioral Health, Inc. (CBH) is an affiliate of the Company. The CBH Agreement is by and between CBH and CHC on behalf of their respective subsidiaries and affiliates, and arranges for the provision of mental health and/or substance abuse services by CBH, its subsidiaries or affiliates to the enrollees of the HMOs. The expense relating to this contract was \$11,901 at December 31, 2012 and (\$118) at December 31, 2011.

Cigna Health Management, Inc. (CHM) formerly known as International Rehabilitation Associates, Inc. (d/b/a Intracorp), is an affiliate of the Company. The Intercompany Service Agreement is by and between CHM, CGLIC and CHC on behalf of their respective healthplan subsidiaries and affiliates. CHM provides utilization management, case management, demand management, disease management, care management and other services to the Company enrollees of the HMOs. The expense relating to these services was \$1,390 in 2012 and \$0 in 2011.

CHC charged the Company \$0 for the periods ended December 31, 2012 and 2011 for liability insurance. This program provides protection against liabilities imposed on the Company from allegations of negligence stemming from the management of health care activities. .

D. At December 31, 2012 and at December 31, 2011, the Company reported \$50,449 and \$90,065 as amounts due to parent, subsidiaries and affiliates. Cash settlements are processed according to the terms of the Management Services Agreement.

E. The Company does not have any guarantees or undertakings for the benefit of an affiliate, which result in a material contingent exposure

F The Management Services Agreement, as amended, is by and among CHC and each of its subsidiaries or affiliates which are signatories thereto. Under this agreement, CHC and certain affiliates provide Management Services (as defined and described in said agreement) to the HMO subsidiaries of CHC. The terms of the agreement require that these amounts be settled within 30 days

The Network Access Agreement is by and among the Company, Connecticut General Life Insurance Company (CGLIC), an affiliate and the affiliated HMOs. This agreement allows an affiliated HMO as well as CGLIC, an affiliate, to access the Company's provider networks.

The Company currently participates in the Amended and Restated Consolidated Federal Income Tax Agreement by and between Cigna and its subsidiaries adopted as of January 1, 1997 in order to facilitate the filing of a consolidated federal income tax return as an affiliated group under Cigna. Pursuant to this agreement, payments are made to Cigna based on taxable income of the Company. In the case of a taxable loss, Cigna pays the Company a refund based on the said loss to the extent Cigna is able to utilize that loss in the consolidated tax return.

Cigna Behavioral Health, Inc. (CBH) is an affiliate of the Company. The CBH Agreement is by and between CBH and CHC on behalf of their respective subsidiaries and affiliates, and arranges for the provision of mental health and/or substance abuse services by CBH, its subsidiaries or affiliates to the enrollees of the HMOs.

The Participating Mail Order Pharmacy Agreement (also known as the Tel-Drug Agreement) is by and between Tel-Drug, Inc, Tel-Drug of Pennsylvania, LLC and certain subsidiaries of CHC, including the Company. Under this agreement, Tel-Drug, Inc. and Tel-Drug of Pennsylvania, LLC provide mail-order pharmacy services to the Company's enrollees.

The Dental Consultation Agreement is by and between the Company and its affiliated HMOs and Cigna Dental Health, Inc. (CDH). Pursuant to this agreement, CDH provides dental consultations to the Company on selected dental cases relative to services provided under the members' HMO contracts.

Cigna Health Management, Inc. (CHM) formerly known as International Rehabilitation Associates, Inc. (d/b/a Intracorp), is an affiliate of the Company. The Intercompany Service Agreement is by and between CHM, CGLIC and CHC on behalf of their respective healthplan subsidiaries and affiliates. CHM provides utilization management, case management, demand management, disease management, care management and other services to the Company enrollees of the HMOs.

The Line of Credit Agreement (also known as the LOC Agreement) is by and between the Company and CHC. Under this agreement, CHC would loan funds to the Company from time to time, to ensure that the Company will be able to meet its operational cash obligations while earning additional investment income. There was no liability associated with this agreement as of December 31, 2012 and December 31, 2011.

The Cigna Health Access Premium Billing Authorization Agreement by and among Cigna and certain subsidiaries, including the Company, enables each HMO to provide its Cigna Health Access customers with a single premium bill.

The Company participates in an Investment Advisory Agreement: pursuant to which Cigna Investments, Inc. serves as the Company's investment advisor. The existing Investment Advisory Agreement was replaced with another agreement effective May 12, 2010 following Department approval. The new agreement is substantially similar to the previous agreement.

G. All outstanding shares of the Company are owned by the Parent, Healthsource, Inc., (HSI), a New Hampshire corporation.

H. The Company does not own shares of an upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.

I. The Company does not hold any interest in another company or limited partnership.

J. The Company did not have any impairment and consequently did not write down its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.

K. The Company did not have any investments in foreign subsidiaries.

L. The Company did not have any investments in a downstream non-insurance holding company.

11. Debt

None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

The Company participates in a qualified, non - contributory defined benefit pension plan sponsored by Cigna. Cigna allocates amounts to the Company based on salary ratios. The Company provides retirement benefits to substantially all eligible employees through a single integrated plan (the Plan) sponsored by Cigna. The Company's policy for the Plan is to fund at least the minimum amount required by the Employee Retirement Income Security Act of 1974 (ERISA). On May 8, 2009, the Company announced a freeze of its primary domestic defined benefit pension plans effective July 1, 2009. A curtailment of benefits occurred as a result of this action since it eliminated the accrual of benefits effective July 1, 2009 for active employees enrolled in these domestic pension plans. As a result, pension expense is no longer allocated to the Company and is not included within administrative expenses for the periods ended December 31, 2012 and 2011.

B. Defined Contribution Plan

The Company participates in a capital accumulation 401(k) plan sponsored by Cigna in which employee contributions on a before-tax basis are supplemented by the Company's matching contributions. A substantial amount of the Parent's contributions are invested in the Cigna common stock fund. Employees may invest in one or more of the following funds: Cigna common stock fund, several diversified stock funds, a bond fund and a fixed-income fund. Cigna may elect to increase its matching contributions if Cigna's annual performance meets certain targets. The Company's expense for such plans was included within administrative expenses for the periods ended December 31, 2012 and 2011.

C. Multiemployer Plans

None

D. Consolidated/Holding Company Plans

None

E. Postemployment Benefits and Compensated Absences

The Company provides certain other postretirement benefits to retired employees, spouses and other eligible dependents through a plan sponsored by Cigna. The Company has no legal obligation for benefits under these plans. Cigna allocates amounts to the Company based on a combination of salary ratios and membermonths. Cigna and its participating subsidiaries make contributions to these plans as claims are incurred, and for the periods ended December 31, 2012 and 2011 the Company's contributions were \$0 and not included within administrative expenses.

F. Impact of Medicare Modernization Act on Post Retirement Benefits (INT 04-17)

None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganization

- (1) The Company has 3,000 shares authorized, 1000 shares issued and outstanding. All shares are Class A shares.
- (2) The Company has no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Maine, and are based on restrictions relating to statutory surplus.
- (4) On December 5, 2012 the Company paid an *extraordinary* cash dividend of \$5,000,000 and the Company paid no dividends to the Parent during the period ended December 31, 2011.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) No advances to surplus not repaid were outstanding at December 31, 2012 and 2011.
- (8) The Company does not hold any stock, including stock of affiliated companies, for special purposes.
- (9) The Company had no changes in balances of special surplus funds from the prior year.
- (10) The portion of unassigned funds (surplus) reduced by non-admitted asset values is \$18,704 and \$18,823 as of December 31, 2012 and December 31, 2011.
- (11) The Company did not issue any surplus debentures or similar obligations.
- (12)& (13) The Company did not experience an impact of any restatement due to prior quasi-reorganizations.

14. Contingencies

A. Contingent Commitments

None

B. Assessments

None

C. Gain Contingencies

None

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits.
None

E. All Other Contingencies
None

Regulatory and Industry Developments:

Health care regulation. The business of administering and insuring employee benefit programs, particularly health care programs, is heavily regulated by federal and state laws and administrative agencies, such as state departments of insurance and the federal Departments of Labor and Justice, as well as the courts. Regulation and judicial decisions have resulted in changes to industry and Cigna's business practices and will continue to do so in the future. In addition, Cigna's subsidiaries are routinely involved with various claims, lawsuits and regulatory audits and investigations that could result in financial liability, changes in business practices, or both. Health care regulation in its various forms could have an adverse effect on Cigna's health care operations if it inhibits Cigna's ability to respond to market demands or results in increased medical or administrative costs without improving the quality of care or services.

Other possible regulatory changes that could have an adverse effect on Cigna's employee benefits businesses include:

- additional mandated benefits or services that increase costs without improving the quality of care;
- legislation that would grant plan participants broader rights to sue their healthplans;
- changes in ERISA regulations resulting in increased administrative burdens and costs;
- additional restrictions on the use of prescription drug formularies;
- additional privacy legislation and regulations that interfere with the proper use of medical information for research, coordination of medical care and disease and disability management;
- additional rules establishing the time periods for payment of health care provider claims that vary from state to state;
- legislation that would exempt independent physicians from antitrust laws; and
- changes in federal laws, such as amendments to income tax laws, which could affect the taxation of employer provided benefits.

The health care industry remains under scrutiny by various state and federal government agencies and could be subject to government efforts to bring criminal actions in circumstances that could previously have given rise only to civil or administrative proceedings.

Litigation and Other Legal Matters

Cigna and its subsidiaries (including the Company) are routinely involved in numerous claims, lawsuits, regulatory and IRS audits, investigations and other legal matters arising, for the most part, in the ordinary course of managing a health services business, including payments to providers and benefit level disputes. Such legal matters include benefit claims, breach of contract claims, tort claims, disputes regarding reinsurance arrangements, employment related suits, employee benefit claims, wage and hour claims, and intellectual property and real estate related disputes. Litigation of income tax matters is accounted for under the NAIC's accounting guidance for loss contingencies. The outcome of litigation and other legal matters is always uncertain, and unfavorable outcomes that are not justified by the evidence can occur. The Company believes that it has valid defenses to the legal matters pending against it and is defending itself vigorously.

When the Company (in the course of its regular review of pending litigation and legal matters) has determined that a material loss is reasonably possible, the matter is disclosed. In accordance with applicable accounting guidance, when litigation and regulatory matters present loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to income. The amount accrued represents the Company's best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in the Company's judgment, reflects the most likely outcome; if none of the estimates within that range is a better estimate than any other amount, the Company accrues the minimum amount of the range. In cases that the Company has accrued an estimated loss, the accrued amount may differ materially from the ultimate amount of the relevant costs. In many proceedings, it is inherently difficult to determine whether any loss is probable or even possible or to estimate the amount of any loss. As a litigation or regulatory matter develops, the Company monitors the matter for further developments that could affect the amount previously accrued, if any, and updates such amount accrued or disclosures previously provided as appropriate.

Except as otherwise noted, the Company believes that the legal actions, proceedings and investigations currently pending against it should not have a material adverse effect on the Company's results of operation, financial condition or liquidity other than possibly the matters referred to in the following paragraphs. However, in light of the uncertainties involved in these matters, there is no assurance that their ultimate resolution will not exceed the amounts currently

accrued by the Company and that an adverse outcome in one or more of these matters could be material to the Company's results of operation, financial condition or liquidity for any particular period.

A. Out-of-Network Claims Litigation and Investigations

On February 13, 2008, State of New York Attorney General Andrew M. Cuomo announced an industry-wide investigation into the use of data provided by Ingenix, Inc., a subsidiary of UnitedHealthcare, used to calculate payments for services provided by out-of-network providers. The Company received four subpoenas from the New York Attorney General's office in connection with this investigation and responded appropriately. On February 17, 2009, the Company entered into an Assurance of Discontinuance resolving the investigation. In connection with the industry-wide resolution, the Company contributed \$10 million to the establishment of a new non-profit company that now compiles and provides the data formerly provided by Ingenix.

The Company was named as a defendant in a number of putative nationwide class actions asserting that due to the use of data from Ingenix, Inc., the Company improperly underpaid claims, an industry-wide issue. All of the class actions were consolidated into *Franco v. Connecticut General Life Insurance Company et al.* that is pending in the United States District Court for the District of New Jersey. The consolidated amended complaint, filed on August 7, 2009, asserts claims under ERISA, the RICO statute, the Sherman Antitrust Act and New Jersey state law on behalf of subscribers, health care providers and various medical associations.

On September 23, 2011, the court granted in part and denied in part the Company's motion to dismiss the consolidated amended complaint. The court dismissed all claims by the health care provider and medical association plaintiffs for lack of standing to sue, and as a result the case will proceed only on behalf of subscribers. In addition, the court dismissed all of the antitrust claims, the ERISA claims based on disclosure and the New Jersey state law claims. The court did not dismiss the ERISA claims for benefits and claims under the RICO statute.

Plaintiffs filed a motion to certify a nationwide class of subscriber plaintiffs on December 19, 2011, which was denied on January 16, 2013. Plaintiffs petitioned for an immediate appeal of the order denying class certification, which the Company opposed.

It is reasonably possible that others could initiate additional litigation or additional regulatory action against the Company with respect to use of data provided by Ingenix, Inc. The Company denies the allegations asserted in the investigations and litigation and will vigorously defend itself in these matters.

15. Leases

A.

(1) The Company participates in lease arrangements with CGLIC. All lease expenses are paid by CGLIC and are included within administrative expenses, as an allocation from CGLIC, for the years ended December 31, 2012 and 2011.

(2) The company is not involved in any material sales – leaseback transactions.

B. No Change

(1) Operating Leases
None

(2) Leveraged Leases
None

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk
None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales
None

- B. Transfer and Servicing of Financial Assets
None
- C. Wash Sales
None

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plan:
None
- B. ASC Plan
None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:
None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
None

20. Fair Value Measurement

As of December 31, 2012 and December 31, 2011, the Company had no bonds carried at fair value in the financial statements.

The Company’s financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset’s or a liability’s classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument’s fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

The following table provides the carrying value, fair value and classification in the fair value hierarchy of the Company's bonds not recorded at fair value as of December 31, 2012.

		<u>Fair Value</u>			<u>Carrying Value</u>
	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	Total	
	(Level 1)	(Level 2)	(Level 3)		
Bonds	\$0	\$2,414,354	\$	\$2,414,354	\$2,215,144

At December 31, 2011, the carrying value and fair value of the Company's bonds was \$6,195,627 and \$7,015,748, respectively.

21. Other Items

- A. Extraordinary Items
None
- B. Troubled Debt Restructuring
None
- C. Other Disclosures
None
- D. Uncollected premium balances, bills receivable for premiums, amounts due from agents and brokers of uninsured plans, or retrospectively rated contracts:
None
- E. Business Interruption Insurance Recoveries
None

F. State Transferable Tax Credits
None

G. Subprime-Mortgage-Related Risk Exposure
None

H. Retained Assets
None

22. **Events Subsequent**

The Company is not aware of any Type I or Type II events that occurred subsequent to the close of the books or accounts for this statement which would have had a material effect on the financial condition of the Company. In preparing these financials statements the Company has evaluated events that occurred between the balance sheet date and March 1, 2013

23. **Reinsurance**

In the normal course of business, the Company enters into agreements with other insurance companies to cede reinsurance. Reinsurance is ceded primarily to limit losses from large exposures and to permit recovery of a portion of direct losses. Reinsurance does not relieve the originating insurer of liability.

Effective January 1, 2011, the Agreement was amended to revise Schedule C and Section IX (2). The revised Schedule C modifies the maximum allowable premium due to CGLIC and the maximum allowable bank account funding obligation. The revision to Section IX (2) of the Agreement modifies the process by which future amendments become effective. The deductible per individual healthplan member per calendar year is \$150,000 and \$150,000 for the periods ended December 31, 2012 and 2011.

Responsibility for covered charges under the CGLIC Reinsurance Agreement per member per year during the periods ended December 31, 2012 and 2011 was as follows:

<u>December 31, 2012</u>		
\$150,000 and greater	-	20% the Company 80% CGLIC

<u>December 31 2011</u>		
\$150,000 and greater	-	20% the Company 80% CGLIC

Premiums paid to CGLIC and to CHC, as administrator, for this agreement amounted to \$0 for the periods ended December 31, 2012 and 2011 and are reported as an offset to premiums in the accompanying Statutory Statements of Income. Recoveries for covered charges amounted to \$0 as of December 31, 2012 and 2011. These balances are included in net reinsurance recoveries in the accompanying Statutory Statements of Income.

A. Ceded Reinsurance Report

Section 1 — General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)
If yes, give full details.

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)
If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate \$0

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$0

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$0

B. Uncollectible Reinsurance
None

C. Commutation of Ceded Reinsurance
None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. None

B. None

C. None

D. On January 1, 2011, the minimum loss ratio rebate provisions of the Patient Protection and Affordable Care Act became effective and will require payment of premium rebates beginning 2012 to employers and customers covered under the Company's comprehensive medical insurance if certain annual minimum medical loss ratios are not met. At the close of each quarter, the Company records its rebate accrual based on year-to-date estimated medical loss ratios calculated as prescribed by the interim final rule issued by the Department of Health & Human Services using year-to-date premium and claim information by state and market segment. Since this accrual reflects the amount of rebate that would be payable based on year-to-date estimated medical loss ratios, the amount of rebate will fluctuate as actual claim experience develops each calendar quarter. As of December 31, 2012 and December 31, 2011, no amounts were accrued.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2012 were \$0 As of December 31, 2012,(\$1,922) has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive lines of insurance. Therefore, there has been a \$1,922 favorable prior-year development since December 31, 2011 to December 31, 2012.

The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. **Intercompany Pooling Arrangements**
None

27. **Structured Settlements**
None

28. **Health Care Receivables**

A. Pharmaceutical Rebate Receivables
None

B Risk Sharing Receivables
None

29. **Participating Policies**
None

30. **Premium Deficiency Reserves**
None

31. **Anticipated Salvage and Subrogation**
None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐

1.3

State Regulating?

Maine

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2010

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2010

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/23/2012

3.4

By what department or departments?
Maine Bureau of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

Yes ☐ No ☒

4.12 renewals?

Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

Yes ☐ No ☒

4.22 renewals?

Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒

7.2

If yes,

7.21 State the percentage of foreign control;

7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA Healthcare of Maine, Inc.

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

PricewaterhouseCoopers LLP185 Asylum Street, Suite 2400Hartford, CT 06103-3404
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []
- 10.6

If the response to 10.5 is no or n/a, please explain
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Gregory J. CzarCIGNA HealthCare - Actuarial Senior Director1601 Chestnut St. Two Liberty, TL 15R Philadelphia, PA 19192
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved
- 12.13

Total book/adjusted carrying value

\$
- 12.2

If, yes provide explanation:
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []
- (a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c)

Compliance with applicable governmental laws, rules and regulations;
- (d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e)

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.
- Yes [] No []

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person?
- Yes [X] No []
- Yes [X] No []
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers
- 20.12 To stockholders not officers
- 20.13 Trustees, supreme or grand (Fraternal Only)
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers
- 20.22 To stockholders not officers
- 20.23 Trustees, supreme or grand (Fraternal Only)
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others
- 21.22 Borrowed from others
- 21.23 Leased from others
- 21.24 Other
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment
- 22.22 Amount paid as expenses
- 22.23 Other amounts paid
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- Yes [] No [X]
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- Yes [] No [X]
- \$
- \$
- \$
- Yes [] No [X]
- \$
- \$
- \$
- Yes [] No [X]
- \$
- \$
- Yes [] No [] N/A [X]
- \$
- \$
- Yes [] No [] N/A [X]
- Yes [] No [] N/A [X]
- Yes [] No [] N/A [X]

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03).
- 24.02 If no, give full and complete information relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- 24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending?
- Yes [X] No []
-
-
- Yes [] No [] N/A [X]
- \$
- \$
- Yes [] No [] N/A [X]
- Yes [] No [] N/A [X]
- Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA Healthcare of Maine, Inc.

GENERAL INTERROGATORIES

24.10 For the reporting entity’s security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.103	Total payable for securities lending reported on the liability page.	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes ☒ No ☐

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	
		25.22 Subject to reverse repurchase agreements	\$	
		25.23 Subject to dollar repurchase agreements	\$	
		25.24 Subject to reverse dollar repurchase agreements	\$	
		25.25 Pledged as collateral	\$	
		25.26 Placed under option agreements	\$	
		25.27 Letter stock or other securities restricted as to sale	\$	
		25.28 On deposit with state or other regulatory body	\$	1,515,540
		25.29 Other	\$	

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ☐ No ☒

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ☐ No ☐ N/A ☐
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes ☐ No ☒

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes ☒ No ☐

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase,	1 Chase Manhattan Plaza, Floor 19, New York, NY 10005

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Bank of New York Mellon	1 Wall Street, New York, NY 10286	This is a limited custodial arrangement that only allows for the holding/safekeeping of NAIC approved Mutual Funds or cash.

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes ☐ No ☒

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
105811	Cigna Investments Inc.	900 Cottage Grove Rd., Hartford, CT 06152

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA Healthcare of Maine, Inc.

GENERAL INTERROGATORIES

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?
- Yes [] No [X]
- 29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 - Total		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	2,215,144	2,414,354	199,210
30.2 Preferred stocks	0		0
30.3 Totals	2,215,144	2,414,354	199,210

- 30.4 Describe the sources or methods utilized in determining the fair values:
- Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no market activity for the same or similar instruments, the Company estimates fair value using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment by the Company which becomes significant with increasingly complex instruments or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used.

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?
- Yes [] No [X]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?
- Yes [] No []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
-
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
- Yes [X] No []
- 32.2 If no, list exceptions:
-

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA Healthcare of Maine, Inc.

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....
.....

34.1 Amount of payments for legal expenses, if any?\$299

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....
.....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U.S. business only.

\$ _____

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ _____

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$ _____

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ _____ 0

1.6

Individual policies:

Most current three years:

1.61 Total premium earned\$ _____ 0

1.62 Total incurred claims\$ _____ 0

1.63 Number of covered lives _____ 0

All years prior to most current three years:

1.64 Total premium earned\$ _____ 0

1.65 Total incurred claims\$ _____ 0

1.66 Number of covered lives _____ 0

1.7

Group policies:

Most current three years:

1.71 Total premium earned\$ _____ 0

1.72 Total incurred claims\$ _____ 0

1.73 Number of covered lives _____ 0

All years prior to most current three years:

1.74 Total premium earned\$ _____ 0

1.75 Total incurred claims\$ _____ 0

1.76 Number of covered lives _____ 0

2.

Health Test:

1

Current Year

2

Prior Year

2.1 Premium Numerator4116,826

2.2 Premium Denominator4116,826

2.3 Premium Ratio (2.1/2.2)1.0001.000

2.4 Reserve Numerator00

2.5 Reserve Denominator00

2.6 Reserve Ratio (2.4/2.5)0.0000.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No []

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2

If no, explain:

5.3

Maximum retained risk (see instructions)

5.31 Comprehensive Medical\$ _____ 320,000

5.32 Medical Only\$ _____ 0

5.33 Medicare Supplement\$ _____ 0

5.34 Dental & Vision\$ _____ 0

5.35 Other Limited Benefit Plan\$ _____ 0

5.36 Other\$ _____ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Hold harmless contract language with providers, insolvency protection through reinsurance arrangements, statutory reserves and special deposits.

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?.....

Yes [X] No []

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year4,409

8.2 Number of providers at end of reporting year4,570

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months..\$

9.22 Business with rate guarantees over 36 months\$

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA Healthcare of Maine, Inc.

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2

If yes:

10.21

Maximum amount payable bonuses.....

\$

10.22

Amount actually paid for year bonuses.....

\$

10.23

Maximum amount payable withholds.....

\$

10.24

Amount actually paid for year withholds.....

\$

11.1

Is the reporting entitiy organized as:

11.12

A Medical Group/Staff Model,

Yes [] No [X]

11.13

An Individual Practice Association (IPA), or, .

Yes [X] No []

11.14

A Mixed Model (combination of above)?

Yes [] No [X]

11.2

Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [X] No []

11.3

If yes, show the name of the state requiring such net worth.

Maine

11.4

If yes, show the amount required.

\$ 1,000,000

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6

If the amount is calculated, show the calculation

The greater of \$1M, 2% of the first \$150m of annual premium + 1% of annual premium in excess of \$150M. The sum of 8% of annual medical expense less annual capitation and managed hospital payment expenses, 4% of annual managed hospital payment expenses, CAL RBC.

12.

List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Statewide
.....

13.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$

13.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4

If yes, please provide the balance of funds administered as of the reporting date.

\$

FIVE-YEAR HISTORICAL DATA

	1 2012	2 2011	3 2010	4 2009	5 2008
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	5,470,160	9,913,731	9,525,780	10,110,535	9,503,541
2. Total liabilities (Page 3, Line 24)	233,047	181,520	159,879	1,250,416	1,709,707
3. Statutory surplus	1,000,000	1,000,000	1,000,000	1,000,000	1,039,620
4. Total capital and surplus (Page 3, Line 33)	5,237,113	9,732,210	9,365,901	8,860,119	7,793,834
Income Statement (Page 4)					
5. Total revenues (Line 8)	411	6,826	361,972	3,109,463	12,247,006
6. Total medical and hospital expenses (Line 18)	(3,806)	(48,695)	324,888	1,662,186	8,185,890
7. Claims adjustment expenses (Line 20)	15	(1,596)	16,209	61,784	252,038
8. Total administrative expenses (Line 21)	150,500	2,030	(17,431)	358,981	1,691,564
9. Net underwriting gain (loss) (Line 24)	(146,298)	55,147	39,826	1,024,932	2,117,514
10. Net investment gain (loss) (Line 27)	771,999	350,093	354,952	425,839	606,505
11. Total other income (Lines 28 plus 29)	0	0	0	0	68
12. Net income or (loss) (Line 32)	634,223	370,500	561,228	1,070,778	1,981,167
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	233,561	304,864	129,414	702,231	825,943
Risk-Based Capital Analysis					
14. Total adjusted capital	5,237,113	9,732,210	9,365,901	8,860,119	7,793,834
15. Authorized control level risk-based capital	327,660	327,699	327,695	328,265	519,810
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)			0	567	2,071
17. Total members months (Column 6, Line 7)			950	8,715	34,203
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	(926.0)	(713.4)	89.8	53.5	66.8
20. Cost containment expenses	0.0	0.0	1.5	0.7	0.7
21. Other claims adjustment expenses	3.6	(23.4)	3.0	1.3	1.4
22. Total underwriting deductions (Line 23)	35,695.6	(707.9)	89.0	67.0	82.7
23. Total underwriting gain (loss) (Line 24)	(35,595.6)	807.9	11.0	33.0	17.3
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	(1,922)	(39,239)	223,805	471,418	1,411,616
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	0	14,811	198,816	1,008,492	2,291,828
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate			0	0	0
31. All other affiliated			0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA Healthcare of Maine, Inc.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories									
States, etc.	1	Direct Business Only							
	Active Status	2	3	4	5	6	7	8	9
		Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL							0	
2. Alaska	AK							0	
3. Arizona	AZ							0	
4. Arkansas	AR							0	
5. California	CA							0	
6. Colorado	CO							0	
7. Connecticut	CT							0	
8. Delaware	DE							0	
9. District of Columbia	DC							0	
10. Florida	FL							0	
11. Georgia	GA							0	
12. Hawaii	HI							0	
13. Idaho	ID							0	
14. Illinois	IL							0	
15. Indiana	IN							0	
16. Iowa	IA							0	
17. Kansas	KS							0	
18. Kentucky	KY							0	
19. Louisiana	LA							0	
20. Maine	ME	L	411					411	
21. Maryland	MD							0	
22. Massachusetts	MA							0	
23. Michigan	MI							0	
24. Minnesota	MN							0	
25. Mississippi	MS							0	
26. Missouri	MO							0	
27. Montana	MT							0	
28. Nebraska	NE							0	
29. Nevada	NV							0	
30. New Hampshire	NH							0	
31. New Jersey	NJ							0	
32. New Mexico	NM							0	
33. New York	NY							0	
34. North Carolina	NC							0	
35. North Dakota	ND							0	
36. Ohio	OH							0	
37. Oklahoma	OK							0	
38. Oregon	OR							0	
39. Pennsylvania	PA							0	
40. Rhode Island	RI							0	
41. South Carolina	SC							0	
42. South Dakota	SD							0	
43. Tennessee	TN							0	
44. Texas	TX							0	
45. Utah	UT							0	
46. Vermont	VT							0	
47. Virginia	VA							0	
48. Washington	WA							0	
49. West Virginia	WV							0	
50. Wisconsin	WI							0	
51. Wyoming	WY							0	
52. American Samoa	AS							0	
53. Guam	GU							0	
54. Puerto Rico	PR							0	
55. U.S. Virgin Islands	VI							0	
56. Northern Mariana Islands	MP							0	
57. Canada	CAN							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX	411	0	0	0	0	0	411	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	411	0	0	0	0	0	411	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

Not applicable

(a) Insert the number of L responses except for Canada and Other Alien.

The Company only has Business in the State of Maine.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA HealthCare of Maine, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, as of December 31, 2012:

Cigna CORPORATION		
(A Delaware corporation and ultimate parent company)		
	Cigna Holdings, Inc.	
		Cigna Intellectual Property, Inc.
		Cigna Investment Group, Inc.
		Cigna International Finance Inc.
		Former Cigna Investments, Inc.
		Cigna Investments, Inc.
		Cigna Mezzanine Partners III, LP
		Cottage Grove Real Estate, Inc.
		Cigna Mezzanine Partners III, Inc.
		Cigna Benefits Financing, Inc. (EI # 010947889, DE)
		Connecticut General Corporation
		Benefit Management Corp. (EI # 81-0585518)
		*Allegiance Life & Health Insurance Company (EI # 20-4433475, NAIC # 12814, MT)
		*Allegiance Re, Inc. (EI # 20-3851464, MT)
		Allegiance Benefit Plan Management, Inc.
		Allegiance COBRA Services, Inc.
		Allegiance Provider Direct, LLC
		Community Health Network, LLC
		Intermountain Underwriters, Inc.
		Star Point, LLC
		HealthSpring, Inc.
		NewQuest, LLC
		Bravo Health, LLC

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

				<u>*Bravo Health Mid-Atlantic, Inc.</u> <u>(EI # 52-2259087, NAIC # 10095, MD)</u>
				<u>*Bravo Health Pennsylvania, Inc.</u> <u>(EI # 52-2363406, NAIC # 11254, PA)</u>
				<u>*HealthSpring Life & Health Insurance Company</u> <u>(EI # 20-8534298, NAIC # 12902, TX)</u>
				<u>*HealthSpring of Alabama, Inc.</u> <u>(EI # 63-0925225, NAIC # 95781, AL)</u>
				<u>*HealthSpring of Florida, Inc.</u> <u>(EI # 65-1129599, NAIC # 11532, FL)</u>
				<u>NewQuest Management of Illinois, LLC</u>
				<u>NewQuest Management of Florida, LLC</u>
				<u>HealthSpring Management of America, LLC</u>
				<u>HealthSpring Financial Services, LLC</u>
				<u>NewQuest Management of West Virginia, LLC</u>
				<u>TexQuest, LLC</u>
				<u>HouQuest, LLC</u>
				<u>GulfQuest, LP</u>
				<u>NewQuest Management of Alabama, LLC</u>
				<u>HealthSpring USA, LLC</u>
				<u>HealthSpring Management, Inc.</u>
				<u>HealthSpring of Tennessee, Inc.</u> <u>(EI # 62-1593150, NAIC # 11522, MD)</u>
				<u>Tennessee Quest, LLC</u>
				<u>HealthSpring Pharmacy Services, LLC</u>
				<u>HealthSpring Pharmacy of Tennessee, LLC</u>
				<u>*Cigna Arbor Life Insurance Company</u> <u>(EI # 03-0452349, NAIC # 13733, CT)</u>
				<u>Cigna Behavioral Health, Inc.</u>
				<u>Cigna Behavioral Health of California, Inc.</u> <u>(EI# 94-3107309)</u>
				<u>Cigna Behavioral Health of Texas, Inc.</u> <u>(EI# 75-2751090)</u>
				<u>MCC Independent Practice Association of New York, Inc.</u>
				<u>Cigna Dental Health, Inc.</u>
				<u>Cigna Dental Health of California, Inc.</u>

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA HealthCare of Maine, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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			(EI# 59-2600475, CA)
			<u>Cigna Dental Health of Colorado, Inc.</u> (EI# 59-2675861, NAIC # 11175, CO)
			<u>Cigna Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE)
			<u>Cigna Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
			<u>Cigna Dental Health of Illinois, Inc.</u> (EI# 06-1351097, IL)
			<u>Cigna Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
			<u>Cigna Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
			<u>Cigna Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO)
			<u>Cigna Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167, NJ)
			<u>Cigna Dental Health of North Carolina, Inc.</u> (EI# 56-1803464 , NAIC # 95179, NC)
			<u>Cigna Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH)
			<u>Cigna Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA)
			<u>Cigna Dental Health of Texas, Inc.</u> (EI# 59-2676977, NAIC # 95037, TX)
			<u>Cigna Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA)
			<u>Cigna Dental Health Plan of Arizona, Inc.</u> (EI# 86-0807222, NAIC # 47013, AZ)
			<u>Cigna Dental Health of Maryland, Inc.</u> (EI#20-2844020, NAIC #48119, MD)
			<u>Cigna Health Corporation</u>
			<u>Healthsource, Inc.</u>
			<u>Cigna HealthCare of Arizona, Inc.</u> (EI# 86-0334392, NAIC#95125, AZ)
			<u>Cigna HealthCare of California, Inc.</u> (EI# 95-3310115, CA)
			<u>Cigna HealthCare of Colorado, Inc.</u> (EI# 84-1004500, NAIC # 95604, CO)
			<u>Cigna HealthCare of Connecticut, Inc.</u>

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA HealthCare of Maine, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

				(EI# 06-1141174, NAIC # 95660, CT)
				<u>Cigna HealthCare of Florida, Inc.</u> (EI# 59-2089259, NAIC # 95136, FL)
				<u>Cigna HealthCare of Illinois, Inc.</u> (EI# 36-3385638, NAIC # 95602, IL)
				<u>Cigna HealthCare of Maine, Inc.</u> (EI# 01-0418220, NAIC # 95447, ME)
				<u>Cigna HealthCare of Massachusetts, Inc.</u> (EI# 02-0402111, NAIC # 95220, MA)
				<u>Cigna HealthCare Mid-Atlantic, Inc.</u> (EI# 52-1404350, NAIC # 95599, MD)
				<u>Cigna HealthCare of New Hampshire, Inc.</u> (EI# 02-0387749, NAIC # 95493, NH)
				<u>Cigna HealthCare of New Jersey, Inc.</u> (EI# 22-2720890, NAIC # 95500, NJ)
				<u>Cigna HealthCare of Pennsylvania, Inc.</u> (EI# 23-2301807, NAIC # 95121, PA)
				<u>Cigna HealthCare of St. Louis, Inc.</u> (EI# 36-3359925, NAIC # 95635, MO)
				<u>Cigna HealthCare of Utah, Inc.</u> (EI# 62-1230908, NAIC # 95518, UT)
				<u>Cigna HealthCare of Georgia, Inc.</u> (EI# 58-1641057, NAIC # 96229, GA)
				<u>Cigna HealthCare of Texas, Inc.</u> (EI# 74-2767437, NAIC # 95383, TX)
				<u>Cigna HealthCare of Indiana, Inc.</u> (EI# 35-1679172, NAIC # 95525, IN)
				<u>Cigna HealthCare of New York, Inc.</u> (EI# 11-2758941, NAIC # 95488, NY)
				<u>Cigna HealthCare of Tennessee, Inc.</u> (EI# 62-1218053, NAIC # 95606, TN)
				<u>Cigna HealthCare of North Carolina, Inc.</u> (EI# 56-1479515, NAIC# 95132, NC)
				<u>Cigna HealthCare of South Carolina, Inc.</u> (EI# 06-1185590, NAIC # 95708, SC)
				* <u>Temple Insurance Company Limited</u> (Bermuda)
				<u>Arizona Health Plan, Inc.</u>
				<u>Healthsource Properties, Inc.</u>
				<u>Managed Care Consultants, Inc.</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

<u>Choicelinx Corporation</u>
<u>Sagamore Health Network, Inc.</u>
<u>Cigna Healthcare Holdings, Inc.</u> (EI# 84-0985843)
<u>Great-West Healthcare of Illinois, Inc.</u> (EI# 93-1174749, NAIC 95388, IL)
<u>Cigna Healthcare, Inc.</u>
<u>*Cigna Life Insurance Company of Canada (Canada)</u> (AA-1560515)
<u>*Cigna Life Insurance Company of New York</u> (EI# 13-2556568, NAIC # 64548, NY)
<u>*Connecticut General Life Insurance Company</u> (EI# 06-0303370, NAIC # 62308, CT)
<u>CARING - Albuquerque, LLC</u> (EI# 27-5402936, DE)
<u>CG Gillette Ridge, LLC</u>
<u>Gillette Ridge Apartments LLC</u>
<u>CG Merrick, LLC</u>
<u>Merrick Park LLC</u>
<u>Merrick Park Parking LLC</u>
<u>CG Morrison LLC</u>
<u>Civic Holding LLC</u>
<u>CG Mystic Center LLC</u>
<u>Station Landing Holding LLC</u>
<u>CG Mystic Land LLC</u>
<u>ND/CG Holding LLC</u>
<u>CG Pinnacle, L.L.C.</u>
<u>Pinnacle Industrial Center, LP</u>
<u>CG Skyline, LLC</u>
<u>Skyline ND/CG LLC</u>
<u>ND Mystic Center Note LLC</u>
<u>Skyline Mezzanine Borrower, LLC</u>
<u>Skyline at Station Landing, LLC</u>
<u>Careallies, LLC</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

		<u>Carson Bayport 1 LP</u>
		<u>CG Bayport LLC</u>
		<u>Bayport Colony Apartments LLC</u>
		<u>CG Shirlington LLC</u>
		<u>Shirlington Apartments LLC</u>
		<u>CG Wheaton, LLC</u>
		<u>CG-LINA Bayport I LLC</u>
		<u>CG-LINA Colonial LLC</u>
		<u>ND/CG Colonial LLC</u>
		<u>PHF-ND Colonial LLC</u>
		<u>CG-LINA Commonwealth LLC</u>
		<u>Unico/CG Commonwealth LLC</u>
		<u>Commonwealth Acquisition LLC</u>
		<u>CG-LINA Jacob Way, LLC</u>
		<u>CG-LINA Lovejoy LLC</u>
		<u>Unico-CG Lovejoy LLC</u>
		<u>Cigna Onsite Health, LLC</u>
		<u>CR Longwood Investors, LP</u>
		<u>ND/CR Longwood LLC</u>
		<u>ARE/ND/CR Longwood LLC</u>
		<u>Gillette Ridge Community Council, Inc.</u>
		<u>Gillette Ridge Golf LLC</u>
		<u>Hazard Center Investment Company LLC</u>
		<u>Secon Properties, LP.</u>
		<u>Teal Rock 501 Grant Street GP, LLC</u>
		<u>Teal Rock 501 Grant Street, LP</u>
		<u>Tel-Drug of Pennsylvania, LLC</u>
		<u>AEW/FDG, LP</u>
		<u>CR Washington Investors LP</u>
		<u>ND/CR Unicorn LLC</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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		<u>Union Wharf Apartments LLC</u>
		<u>AMD Apartments Limited Partnership</u>
		<u>SP Newport Crossing LLC</u>
		<u>PUR Arbors Apartment Venture LLC</u>
		<u>CG Seventh LLC</u>
		<u>Ideal Properties II LLC</u>
		<u>CG-LINA Realty Investors LLC</u>
		<u>CG-LINA Alessandro II LLC</u>
		<u>115 Sansome Street Associates, LLC</u>
		<u>121 Tasman Apartments LLC</u>
		<u>Alto Apartments LLC</u>
		<u>CG-LINA Paper Box LLC</u>
		<u>CG-LINA 10 Brookline, LLC</u>
		<u>ND/CR 10 Brookline LLC</u>
		<u>Cigna Affiliates Realty Investment Group, LLC</u> <u>(EI# 27-5402196, DE)</u>
		<u>Market Street Residential Holdings LLC</u>
		<u>Arborpoint at Market Street LLC</u>
		<u>Market Street Retail Holdings LLC</u>
		<u>Market Street South LLC</u>
		<u>Diamondview Tower CM-CG LLC</u>
		<u>Cigna Dulles Town, LLC</u>
		<u>Dulles Town Center Mall, LLC</u>
		<u>CORAC LLC</u>
		<u>Bridgepoint Office Park Associates, LLC</u> <u>(EI# 27-3923999, DE)</u>
		<u>Fairway Center Associates, LLC</u> <u>(EI# 27-3126102, DE)</u>
		<u>Henry on the Park Associates, LLC</u> <u>(EI 27-3582688, DE)</u>
		<u>*Cigna Health and Life Insurance Company</u> <u>(EI # 59-1031071, NAIC # 67369, CT)</u>
		<u>CarePlexus, LLC</u>

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA HealthCare of Maine, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

			(EI# 45-2681649; DE)
			<u>Cigna Corporate Services, LLC</u> (EI 27-3396038, DE)
			<u>Cigna Insurance Agency, LLC</u> (EI # 27-1903785, CT)
			<u>Ceres Sales of Ohio, LLC</u> (EI # 34-1970892, OH)
			<u>Central Reserve Life Insurance Company</u> (EI # 34-0970995, NAIC # 61727, OH)
			<u>Provident American Life and Health Insurance Company</u> (EI # 23-1335885, NAIC # 67903, OH)
			<u>United Benefit Life Insurance Company</u> (EI # 75-2305400, NAIC # 65269, OH)
			<u>Loyal American Life Insurance Company</u> (EI # 63-0343428, NAIC # 65722, OH)
			<u>American Retirement Life Insurance Company</u> (EI # 59-2760189, NAIC # 88366, OH)
	<u>Cigna Health Management, Inc.</u> (EI# 23-1728483, DE)		
	<u>Kronos Optimal Health Company</u> (20-8064696, AZ)		
	<u>*Life Insurance Company of North America</u> (EI# 23-1503749, NAIC # 65498, PA)		
		<u>*Cigna & CMC Life Insurance Company Limited (China) (50%)</u> (remaining interest owned by an unaffiliated party)	
		<u>*LINA Life Insurance Company of Korea (Korea)</u>	
		<u>Cigna Direct Marketing Company, Inc.</u>	
	<u>Tel-Drug, Inc.</u>		
	<u>Vielife Holdings Limited (United Kingdom)</u>		
		<u>Vielife Limited (United Kingdom)</u>	
		<u>Vielife Services, Inc.</u>	
		<u>Businesshealth UK Limited</u>	
	<u>CG Individual Tax Benefit Payments, Inc.</u>		
	<u>CG Life Pension Benefits Payments, Inc.</u>		
	<u>Cigna Federal Benefits, Inc.</u>		
	<u>Cigna Healthcare Benefits, Inc.</u>		
	<u>Cigna Integratedcare, Inc.</u>		

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA HealthCare of Maine, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

	<u>Cigna Managed Care Benefits Company</u>
	<u>Cigna Re Corporation</u>
	<u>Blodget & Hazard Limited</u>
	<u>Cigna Resource Manager, Inc.</u>
	<u>Connecticut General Benefit Payments, Inc.</u>
	<u>Healthsource Benefits, Inc.</u>
	<u>IHN, Inc.</u>
	<u>LINA Benefit Payments, Inc.</u>
	<u>Mediversal, Inc.</u>
	<u>Universal Claims Administration</u>
	<u>Cigna Global Holdings, Inc.</u>
	<u>Cigna International Corporation, Inc. (Delaware)</u>
	<u>Cigna International Services (Delaware)</u>
	<u>Cigna International Marketing (Thailand) Limited (Thailand)</u>
	<u>CGO Participatos LTDA</u>
	<u>YCFM Servicos LTDA</u>
	<u>*Cigna Global Reinsurance Company, Ltd. (Bermuda)</u>
	<u>Cigna Holdings Overseas, Inc.</u>
	<u>Cigna Bellevue Alpha LLC</u>
	<u>Cigna Hayat Sigorta, A.S.</u>
	<u>Cigna Nederland Alpha Cooperatief U.A. (Netherlands)</u>
	<u>Cigna Nederland Beta B.V. (Netherlands)</u>
	<u>Cigna Nederland Gamma B.V. (Netherlands)</u>
	<u>*Cigna Life Insurance Company of Europe S.A.-N.V. (Belgium) (99.998%)</u> <u>(remaining interest owned by Cigna Global Holdings, Inc. - - AA-1240009))</u>
	<u>*Cigna Europe Insurance Company S.A.-N.V. (Belgium) (99.999%)</u> <u>(remaining interest owned by Cigna Global Holdings, Inc.)</u>
	<u>Cigna European Services (UK) Limited (United Kingdom)</u>
	<u>Cigna 2000 UK Pension LTD</u>
	<u>Cigna Health Solution India Pvt. Ltd. (India)</u>
	<u>Cigna International Services Australia Pty Ltd (Australia)</u>

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA HealthCare of Maine, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

40.9

			<u>Cigna Apac Holdings Limited (New Zealand)</u>
			<u>*Cigna Life Insurance New Zealand Limited (New Zealand)</u>
			<u>Cigna Taiwan Life Assurance Company Limited (Thailand)</u>
			<u>*Cigna Taiwan Life Insurance Company Limited (New Zealand)</u>
			<u>Cigna Hong Kong Holdings Company Limited (Hong Kong)</u>
			<u>Cigna Data Services (Shangai) Company Limited (China)</u>
			<u>Cigna HLA Technology Services Limited (Hong Kong)</u>
			<u>*Cigna Worldwide General Insurance Company Limited (Hong Kong)</u>
			<u>*Cigna Worldwide Life Insurance Company Limited (Hong Kong)</u>
			<u>PT GAR Indonesia</u>
			<u>PT PGU Indonesia</u>
			<u>RHP (Thailand) Limited</u>
			<u>Cigna Brokerage Services (Thailand) Limited (75%)</u> (remaining interest owned by Cigna Holdings Overseas, Inc.)
			<u>*Cigna Non-Life Insurance Brokerage (Thailand) Limited (74.975%)</u> (25% interest owned by Cigna Holdings Overseas, Inc. remaining interest owned by unaffiliated parties)
			<u>KDM (Thailand) Limited (Thailand) (99.999%)</u>
			<u>*Cigna Insurance Public Company Limited (75%)</u> (24.999% interest owned by Cigna Holdings Overseas, Inc.)
			<u>*Cigna Global Insurance Company Limited (Guernsey) (99.9999%)</u> (remaining interest owned by Cigna Global Holdings, Inc.)
			<u>Vanbreda International NV(Brussels)</u>
			<u>Vanbreda International Sdn. Bhd. (Malaysia)</u>
			<u>Vanbreda International (Beijing) Consultants and Administrators Co., Ltd (China)</u>
			<u>Vanbreda International, LLC (FL)</u>
			<u>Vanbreda International (Dubai) Limited (United Arab Emirates)</u>
			<u>*Cigna Worldwide Insurance Company</u> (EI# 23-2088429, NAIC # 90859, DE)
			<u>*PT. Asuransi Cigna (Indonesia) (80%)</u> (remaining interest owned by unaffiliated parties - AA-5360003)
			<u>FirstAssist Group Holdings Limited (UK)</u>
			<u>FirstAssist Group Limited (UK)</u>
			<u>FirstAssist Administration Limited (UK)</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

				<u>Brighter Business Limited (UK)</u>
				<u>FirstAssist Legal Protection Limited (UK)</u>
				<u>FirstAssist Insurance Services Limited (UK)</u>

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 23

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
2304.	Escheat liability			0	353
2307.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	353

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